

00- 2 -1928

Entered - 03/09/98 - sb  
CL98L0142 - DIANNE C. MITCHELL

CLAIM OF: SHERRY MCHENRY  
562 Lakeshore Drive  
Atlanta, Georgia 30307

For damages alleged to have been sustained as a result of property  
damage due to a collapsed drainage pipe in 1996 at 562 Lakeshore  
Drive.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell by RRG/DCA  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0142

Date: November 16, 2000

Claimant /Victim SHERRY MCHENRY

BY: (Atty) (Ins.Co.) \_\_\_\_\_

Address: 562 Lakeshore Drive, Atlanta, Georgia 30307

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 7,000.00 Bodily Injury \$ \_\_\_\_\_

Date of Notice: June, 1996 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) \_\_\_\_\_

Date of Occurrence 02/11/98 Place: 562 Lakeshore Drive

Department Public Works Division: Sewer Operations

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges her property has been damaged due to a collapsed drainage pipe that runs under her house. The investigation determined that the drainage pipe is not part of the City's sewer system, but is the responsibility of the claimant. Furthermore, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired to receipt of the claim.

INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures X Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

Improper Notice \_\_\_\_\_ More than Six Months X Other X Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 11-16-00

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK

City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: Feb 9-98

ENTERED - 3-9-98 - SB  
98L0142 - ANTHONY OATIS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 7000 property and/or \$ to \$8000 bodily injury for which I contend the City is liable.

1. Date of incident: June 1996 2. Time of Incident: This 3. Police called: Yes No  
(month/day/year)

4. Location of incident (including street address): 562 Lakeshore Dr Atlanta GA  
has been happening for awhile

5. Name of your insurance company: Georgia Farm Bureau Policy No. 30307

6. State what and how incident occurred: There is a Terra Cotta pipe  
which is a drain pipe that was improperly closed.

It is collapsing & the right side of my house  
has shifted & damaged floors, windows & walls

The pipe is City of Atlanta and is being repaired by City  
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL  
RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE  
INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

00- R-1928

Sherry McKenry  
(Print Claimant's Name)

562 Lakeshore Dr  
(Address)

Atlanta GA 30307  
(City, State and Zip Code)

Wk 404-633-2425 ext 12  
(Work Number) (Home Number)

Am 404 378 3713